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(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP

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MAIL

(Business Entity Name)

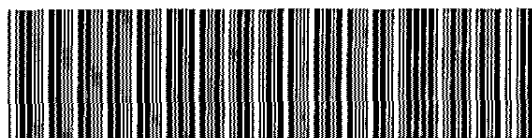
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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

50-8-05
116

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: FLORIDA ACADEMY for MANAGEMENT EXECUTIVES, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Barbara Ann Cox, CMP
Name (Printed or typed)

3236 Whitney Drive East
Address

Tallahassee FL 32309
City, State & Zip

850.656.0025
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

Articles of Incorporation

Incompliance iwth Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Florida Academy for Management Executives, inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Post Office Box 15106, Tallahassee, Florida 32317-1506

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Service

ARTICLE IV SHARES

The number of shares of stock is: **10**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List names, address and specific titles

**Barbara Ann Cox, CMP, 3236 Whitney Drive East, Tallahassee, FL 32309 —
President & Secretary**

Donna Gabrielle, Ph.D., 8440 Augustwood Lane ^{Tallahassee FL} 32311 — Vice President, Technology

Dacques Viker, 3502 Limmerick, Tallahassee, FL 32308 — Treasurer

ARTICLE VI REGISTERED AGENT

The name and Florida street address of registered agent is:

Barbara Ann Cox, CMP, 3236 Whitney Drive East, Tallahassee, Florida 32309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Barbara Ann Cox, CMP, 3236 Whitney Drive East, Tallahassee, Florida 32309

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Barbara Ann Cox CMP
Signature/Registered Agent

Feb 7, 2005
Date

Barbara Ann Cox CMP
Signature/Incorporator

Feb 7, 2005
Date